

## Sickness and accident notification for insured persons with individual daily allowance insurance

incl. persons on fixed payroll insured under the group policy

Contract no.	_____
Insured person no.	_____

1. Insured person	Surname, first name, address, incl. postcode _____ _____	Date of birth _____	AHV number (13 digits) _____
	<input type="checkbox"/> male <input type="checkbox"/> female	Nationality _____	Telephone _____
		Language _____	
2. Activity	Prevailing professional activity    Vocation learnt    Date of employment _____ _____		
	Employment contract terminated as of/time-limited until _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife/househusband <input type="checkbox"/> Not gainfully employed / retired	
3. Incapacity to work	From date _____	<input type="checkbox"/> Sickness <input type="checkbox"/> Accident	
	Until date _____	<input type="checkbox"/> Maternity, expected date of birth _____	
	Expected duration _____		
4. Attending physician/hospital	Name and address, including postcode _____ _____		
5. Payment details	Name of accountholder _____	Name and address of bank _____	
	Postal account no. _____	Bank account no. _____	
	IBAN no. _____	Bank clearing no. _____	
	Payment to (only insured persons in group policy) <input type="checkbox"/> Insured person <input type="checkbox"/> Employer		
6. Other insurance benefits	Are you / is the insured person already entitled to daily allowance or retirement pension by means of: health insurance, SUVA or compulsory accident insurance, disability insurance, old-age and survivors' insurance, military insurance, unemployment insurance, private insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, policy no. _____      Name of company _____		
7. Occupational pension plan	Name of occupational pension plan insurer _____		
8. Disability insurance	Notification for early registration filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, when _____	
	IV decision filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, when _____	
9. Proof of loss of income	<b>Please fill out the next page.</b>		

<b>Self-employed persons and company owners</b> on fixed payroll	Sector	Legal form	Number of employees
	_____		_____
	In the event of incapacity to work, does the business have to be closed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, does your incapacity to work cause additional costs or losses of turnover?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, why?		
_____		CHF	/month
_____		CHF	/month
<b>Please enclose a copy of the profit and loss statement of the last accounting year.</b>			

<b>Unemployed persons</b>	<b>Please enclose a copy of the last unemployment insurance statement.</b>
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<b>Employed persons</b>	<b>Please fill out the next page (or have it filled out by your employer) and have it signed by your employer.</b>
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Place and date

Signature of insured person

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Insured person	Surname, first name, address, incl. postcode	Date of birth	AHV number (13 digits)
	_____	_____	_____
	_____	Nationality	Telephone
	<input type="checkbox"/> male <input type="checkbox"/> female	Language	_____

<b>Employed persons</b> incl. family members working on fixed payroll	_____	%	CHF/hour	CHF/day	CHF/month	CHF/year	
	<b>Basic salary (gross)</b>	_____	_____	_____	_____	_____	
	Cost of living bonus	_____	_____	_____	_____	_____	
	Piecework / commission	_____	_____	_____	_____	_____	
	Child benefits / family allowance	_____	_____	_____	_____	_____	
	Compensation for paid leave	_____	_____	_____	_____	_____	
	Compensation for public holidays	_____	_____	_____	_____	_____	
	Ex gratia payment / 13th month's salary	_____	_____	_____	_____	_____	
	Other salary bonuses (type)	_____	_____	_____	_____	_____	
	Payment in kind (type)	_____	_____	_____	_____	_____	
	Weekly working hours	Level of employment					
	Days    Hours    Normal company working hours	<input type="checkbox"/> regular	<input type="checkbox"/> temporary				
	_____	<input type="checkbox"/> irregular	<input type="checkbox"/> shortened hours				
	Income you receive / the employed person receives during the incapacity to work						
	<input type="checkbox"/> Continued payment of salary according to working contract						
from	until	%	CHF				
_____	_____	_____	_____				
from	until	%	CHF				
_____	_____	_____	_____				
<input type="checkbox"/> Benefits from group daily allowance insurance							
from	until	%	CHF				
_____	_____	_____	_____				
Is the income subject to withholding tax?							
<input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, CEMIS no. (or enclose copy of permit)				
_____			_____				
<b>Please enclose a copy of the last three payroll accountings.</b>							

Place and date

Stamp and signature of employer

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